

MEETING:		
LOCATION:		
DATE:		
I,	, do hereby give my PROXY to	who is a Democrat,
registered within the	County and the	District/Precinct, with authority to vote in
my place on any and all matters	s that may come before said meeting unless o	otherwise instructed below.
Signature:		
Print Name:		
Office:		
Address:		
Instructions for use of Proxy (if	none, write "None")	
	Signature	
Witness Two Name	Signature	
	vritten proxy must clearly state the name of t the proxy is given, and the date of the meetin n by two non-related adults.	

3815 N SANTA FE AVE., SUITE 122, OKLAHOMA CITY, OK 73118 | (405) 427-3366 | OKDEMOCRATS.ORG

